| CLAIMS ONLY | | | Application Number 09/529672 | | Filing Date | |

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51				/		
2							52				/		
3							53			/	/		
4							54						
5							55				/		
6							56						
7							57				/		
8							58				/		
9							59				/		
10							60				/		
11							61				/		
12							62				/		
13							63				/		
14							64				/		
15							65			/			
16							66				/		
17							67				/		
18							68						
19							69			/	my		
20							70				/		
21							71				/		
22							72				/		
23							73				/		
24							74				/		
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			/				Total Indep	3					
Total Depend			6				Total Depend	20					
Total Claims			7				Total Claims	23					